

PLEDGE OF ALLEGIANCE

The Honorable CRAIG THOMAS led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. STEVENS).

The assistant legislative clerk read as follows:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, December 6, 2006.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable CRAIG THOMAS, a Senator from the State of Wyoming, to perform the duties of the Chair.

TED STEVENS,
President pro tempore.

Mr. THOMAS thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE ACTING MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The Senator from Nevada is recognized.

SCHEDULE

Mr. ENSIGN. Mr. President, this morning the Senate will conduct a period of morning business until 11:30. A number of Senators will be here to pay tribute to our retiring colleagues. At 11:30 we will proceed to executive session to consider the nomination of Robert Gates to be our next Secretary of Defense. It is the majority leader's hope that we will have a vote on this nomination later today.

The Senate will recess from 12:30 until 2:15 to accommodate the weekly policy luncheons.

Last night the majority leader filed cloture on the nomination of Andrew von Eschenbach to be the FDA Commissioner. Under the regular order, that vote will occur on Thursday morning.

RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT OF 2006

Mr. ENSIGN. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor and Pensions be discharged from further consideration of H.R. 6143, and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 6143) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

There being no objection, the Senate proceeded to consider the bill.

Mr. KENNEDY. Mr. President, today marks an important milestone in our ongoing national struggle with HIV and AIDS. Twenty-five years ago, the Centers for Disease Control and Prevention issued its first warning about the disease we now know as AIDS. Today, we approve the third extension of the Ryan White CARE Act, the comprehensive legislation first enacted in 1990, for the prevention and treatment of HIV and AIDS.

In those early days, the Nation failed on all levels to recognize the danger posed by this disease. Its victims suffered in silence and stigma. Shamefully, those who had the power to help did nothing.

Then, mid-eighties, a young boy's courage awakened the Nation to the very real tragedy of AIDS. A disease that had seemed distant was suddenly threatening us all, and we could no longer claim that it was someone else's problem. We realized it was a virus that knows no color, religion, political affiliation, or income status. And I think Ryan White would be proud of the effort we are putting forth today with this compromise we have worked hard on for the last few months.

In 1987, Senator HATCH and I introduced bipartisan legislation calling for a comprehensive national strategy of education, prevention, and research to halt the spread of AIDS. We called on government, the public health community, and the media to all do their part in order to prevent the AIDS epidemic from continuing its rampage across America.

We were optimistic that we were poised to handle this challenge more effectively than at any previous point in our history. We would not lose the battle, unless we failed to wage it with wisdom, reason, dignity, and common sense.

Yet the battle continues. We mourn the 500,000 Americans we have lost to the AIDS virus. Each victim is a human tragedy—so much potential lost before its time. But we take heart in the fact that AIDS is no longer a death sentence. Through testing and treatment, people are living long and full lives with HIV. We are identifying victims earlier in the progression of the disease and keeping them healthier longer.

But we still have a long way to go. Many who live with HIV and AIDS do not have insurance to pay for costly treatments. As a result, heavy demands are placed on community-based organizations and State and local governments. For these citizens, the Ryan White CARE Act continues to provide the only means to obtain the care and treatment they need. It doesn't matter where they live.

Americans agree. Seventeen percent of our people name HIV as the most ur-

gent health problem facing the country, just behind cancer and heart disease. Sixty-three percent say the Government is spending too little at home to fight HIV and AIDS. Six in ten believe more spending on prevention and testing will help slow the spread of this disease.

Four in ten say they know someone with HIV. Eighty-one percent say discrimination against people living with HIV or AIDS is a fact of life in America today.

We have far to go in educating people about the disease. Thirty-seven percent of Americans fear the spread of HIV through kissing, twenty-two percent by sharing a drinking glass, and sixteen percent by touching a toilet seat, none of which are true.

We have not finished the job we started 25 years ago.

The Ryan White Care Act began as an emergency response to the crisis in urban areas, but today it represents a national plan to provide care and support for persons living with HIV and AIDS anywhere in America—urban or rural, coastal or inland.

This bill represents a working agreement among States, cities, community-based organizations, hospitals and health providers, and persons living with HIV and AIDS their families and advocates.

It responds to an evolving epidemic that continues to grow in the very cities and States that have long borne the greatest burden of disease. It is expanding into regions of the country that have been historically less affected.

With this bill, we take a major step toward a more effective response. It preserves access to life-saving medications, quality health care, and support services for persons living with HIV and AIDS who have come to depend on publicly-funded systems. It extends this system of quality care to persons with HIV and AIDS who have faced long waiting lists for medications and severe limits on their access to specialty health care. It protects governmental and community-based institutions charged with providing this care, all of whom face growing case loads and the greater challenges of an evolving population of persons with HIV/AIDS. It balances the needs of high-prevalence cities and States with those facing rapidly growing epidemics. It ensures those who have been relying on their local system of care that it will continue to be there for them. It reassures persons seeking tests for HIV that comprehensive care and support will also be ready to serve them. And it authorizes the expenditure of \$7 billion over the next 3 years to carry out this mission.

This legislation is good for Massachusetts.

This bill recognizes the added burden facing States like Massachusetts that have increasing numbers of people with HIV and AIDS living in cities like Boston. It ensures sufficient resources to maintain a HIV/AIDS service system

strained by a rising case load. It stabilizes funding to the State and stabilizes funding to the city of Boston because a larger portion of their award will be based on a predictable formula.

The bill continues to provide significant Federal support for the State medication assistance program, lessening the possibility of having to create cruel waiting lists for life-saving medications. It eliminates the uncertainty of an untried severity of need index.

Both Massachusetts and Boston benefit from having the State's HIV cases counted for the first time, for next 3 to 4 years. This will allow my State of Massachusetts to continue to focus on providing quality care and support services to people living with HIV and AIDS.

At its best, America has the finest HIV/AIDS care system—one we as a Nation should be proud to hold up as the gold standard of care throughout the world. Our goal in this legislation is to make it also the fairest system of care—with equal access for all, high standards for quality, and guaranteed continuity of care. At last, access to all the benefits of medical science will no longer be the result of geography.

This bill is a product of effective advocacy, creative thinking, a sense of shared responsibility, and a common commitment to getting it done. The Nation is fulfilling the promise of the original Care Act, first created in an era of limited treatment options and uncertain prognosis, to bring hope to persons living with the infection that they may live healthy and productive lives.

It is also complex legislation, and all our committee staff, both Democrat and Republican, deserve great credit for working long nights and weekends over the past several months. In particular, I thank Keysha Brooks-Coley, Lauren Brumsted, Ann Gavaghan, Lisa German, Ann Grady, Elizabeth Hoffman, Bruce Lesley, Tamar Magarik, and Michael Woody. And I give special thanks to Shana Christrup of Senator Enzi's staff for her diligence and desire to make the world a better place for people living with HIV and AIDS.

This was a clear bipartisan effort, by the House and Senate, and I am grateful as well to staff from the House of Representatives, including Melissa Bartlett of Congressman Barton's staff and John Ford and William Garner of Congressman Dingell's staff.

On my own staff, I especially commend several who worked so long and hard and well on this legislation—Alice Lam, Megan Gerson, Caya Lewis, Cody Keenan, Ches Garrison, Daniel Dawes and Michael Myers, and above all to Connie Garner, whose passion, counsel, and commitment I value so highly on this and many other issues. She never once let us forget what this debate is truly about.

My hope is that as we continue to improve the Ryan White CARE Act to meet the needs of this disease, the remedies we adopt will continue to come

from the bright lights of science, not the dark fears of bigotry. This is an important day for people living with HIV and AIDS and for all Americans. We must do more to provide care and support for those caught in the epidemic. This legislation will give us the time and support we need to accomplish that goal.

Mr. HATCH. Mr. President, I am pleased that the Senate has been able to come to an agreement and adopt H.R. 6143, the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

With this agreement, we finally reauthorize the only Federal program that helps low-income individuals living with HIV/AIDS. We tried to pass this critical legislation earlier this year, and even though this effort has enjoyed large bipartisan support in both Chambers, just a few Members prevented its passage.

We worked to address their concerns in this compromise, and I am very glad to see the success of that endeavor. I would like to thank HELP Committee Chairman ENZI and Ranking Minority Member KENNEDY, and others, for their tireless efforts throughout the reauthorization process. It has taken quite a long time to get here, and I commend everyone for their hard work. No one knows this more than Senator KENNEDY, with whom I authored the original Ryan White CARE Act back in 1990, and I am very proud that our work has been able to help so many people.

This bill may not be perfect, but it will continue a vital program that needs to be continued. Importantly, it will help stabilize the distribution of CARE Act funding in areas of the country where the AIDS epidemic is largest and also increase access to areas that have seen large numbers of new HIV infections.

Many of us in the Senate recently received a letter from 99 AIDS organizations that endorse this reauthorization. These are national and local organizations that provide services to people living with HIV/AIDS—they are the ones out there actually working with them, not sitting here in Washington, just talking about it. They have been involved throughout this entire reauthorization process—they have seen all the proposals and compromises—and they support this legislation.

I thank these individuals for their participation in and contribution to the lengthy reauthorization process because the end product would not be effective without their input.

I am especially thankful for the insight of Jennifer Brown, the State AIDS director in my home State of Utah, who helped me throughout negotiations to understand the possible effects of changes in the program.

I would like to read a portion of the letter sent by the AIDS organizations, which I think reiterates a very important message:

It is time to put aside regional differences and individual jurisdictional concerns, and

act on behalf of all Americans who are living with this terrible disease. If Congress fails to act before adjournment, many of our citizens will lose life saving medical care, drug treatment and the support services necessary for them to lead healthy, productive lives.

This message has been quite clear for some time. We received this message from the HIV/AIDS community, from our constituents, and from the President.

Everyone has urged us here in the Senate to work in the best interests of the entire Nation and pass this reauthorization, and I am pleased that we have been able to do so.

Mr. ENZI. Mr. President, today the Senate affirmed its commitment to ensuring access to quality care for all Americans living with HIV and AIDS no matter their race, gender, or where they live. Today we finally have unanimous consent to pass H.R. 6143, the Ryan White HIV/AIDS Treatment Modernization Act.

Senator KENNEDY and I and our counterparts in the House have worked for nearly 2 years to address the concerns from every State and the hundreds of stakeholders who participated in our outreach efforts. We have reached broad consensus that this is the right policy at the right time.

In the past few weeks, we have received letters of support from more than 100 leading AIDS service organizations calling for us to pass this legislation now.

The Ryan White law must reflect the principle that every American living with HIV/AIDS deserves access to quality care, and this reauthorization is a step toward our goal of just and equitable treatment under this law. Our action today will ensure a more equitable program to provide not only AIDS patients but also HIV-positive Americans with the treatment they desperately need.

The HIV/AIDS epidemic of today affects more women, more minorities, and more people in rural areas and the South than ever before. While we have made significant progress in understanding and treating this disease, there is still much more we must do to ensure equitable treatment for all Americans living with this disease.

The epidemic is shifting, and our Federal programs must shift to meet this need and fight the epidemic where it is today and will be tomorrow, not where it was 10 or 20 years ago. The legislation passed unanimously by the Senate today does just that.

An alarming 1.1 million Americans are living with HIV/AIDS today and the face of the epidemic is rapidly changing. The Kaiser Family Foundation has reported that while the number of AIDS cases in the Nation rose by 1 percent between 2000 and 2001, it rose by 9 percent in the South and fell by 8 percent in the Northeast.

Newly infected people are increasingly likely to be poor, have inadequate access to health care, and be members of a minority community.

For example, African Americans make up 19 percent of the South's population but accounted for over 60 percent of new cases in 2003. In addition, the growing number of rural Americans infected with HIV face already overburdened rural health care systems that have too few doctors, underdeveloped support systems, and long travel distances to care.

Rural States and States in the South have a newer epidemic, with more HIV than AIDS cases, while urban areas with a longer history of the disease have a much higher percentage of AIDS cases. Because of old formulas that counted only AIDS cases, more than 100,000 Americans with HIV went uncounted, resulting in drastic funding disparities across the Nation. This has crippled the ability of health systems in rural and frontier States, like Wyoming, to confront this growing crisis.

Today, with the unanimous passage of the compromise bill, the Senate has begun to correct these inequities and ensure that those traditionally overlooked by this program will receive the care and treatment they desperately need. The Ryan White program can now begin to address the epidemic of today, not yesterday, and treat the full spectrum of this disease.

This legislation strengthens and modernizes the Ryan White program to ensure that all Americans with HIV and AIDS are counted, that appropriate funding is provided to those on the ground fighting this epidemic, and that State and city care systems are protected so they can continue providing quality care to their residents with HIV and AIDS.

Senator KENNEDY and I are committed to looking at the overall structure of this program beginning next year. We both want to ensure that when this reauthorization expires at the end of 2009, we have a comprehensive solution to the health disparities created by the current flawed formula for allocating Ryan White funding. This legislation is one step toward a more just and equitable program, and I look forward to continuing to strengthen and improve this program in the future.

In whatever policy we have on Ryan White, I will insist on key principles first, that the money follows the epidemic so that our funding formulas can be responsive to the needs of Americans affected by the epidemic today and in the future. In addition, we need to ensure that we capture the need of an area better by going beyond simply including HIV in the formulas and develop other mechanisms to better account for the need on the ground.

Ryan White is a safety net program, and we need to better understand how much of that safety net is being supported by local, State, and Federal dollars. Finally, I want to be clear to my colleagues that any new funding formula must ensure that we are providing care across the spectrum of the disease—from HIV to AIDS. In doing

so, we provide the right incentives for providing lifesaving care as soon as possible.

With that being said, I would like to close by thanking my colleagues and their staff both here in the Senate and in the House for their hard work in passing this critical legislation. I want to thank all the members of the Senate Committee on Health, Education, Labor, and Pensions, especially my friend and ranking member Senator KENNEDY.

I also thank our good colleagues on the House Committee on Energy and Commerce, Chairman BARTON and Representative DINGELL.

This bill is yet another example of the good work that can be done when we put politics aside and work together to improve the lives of Americans. I am proud of the accomplishments I have achieved with Senator KENNEDY in the 109th Congress, and I hope the 110th Congress is just as productive.

I would like to offer special thanks to my colleagues who assisted me on the Senate floor in September when we previously tried to pass the bill. Senators HATCH, BURR, and SESSIONS were all instrumental in getting us to this great victory today. I want to mention their staff: Pattie DeLoatche and Karen LaMontagne with Senator HATCH, Liz Stillwell with Senator SESSIONS, and Jenny Ware with Senator BURR.

I would like to offer a special thank you to Senator COBURN and Roland Foster, Stephanie Carlton, and Katy French of his staff. Senator COBURN helped educate our colleagues of the importance of getting this bill passed.

Vince Vintimiglia, Marty McGeein, Laura Ott, Maury Huguley, Deborah Parham, and Adelle Simmons of the Department of Health and Human Services were crucial in guiding our efforts to help craft reforms to the Ryan White programs. Megan Hauck at the White House was also instrumental in helping us move this legislation forward.

I would also like to thank Marcia Crosse, Martha Kelly, and Suzanne Worth of the Government Accountability Office for their tireless efforts to analyze different proposals and their effect on distribution of funding across the Nation.

Through this entire process, Bill Baird of Senate Legislative Counsel and Pete Goodlowe of House Legislative Counsel have drafted countless legislative proposals and compromises and were invaluable in crafting the final language that reformed this program.

Kathie Hiers of the Southern AIDS Coalition and Bill McColl of AIDS Action have provided critical support from the beginning of this process, without which much of our progress would not have been possible. In addition, there were numerous other individuals and organizations who helped us throughout the process. So as not to leave anyone out, I just want to ex-

press my appreciation to all of you who have continually labored with us to craft and pass this bill.

As you can imagine, a process involving Republicans and Democrats in the House and the Senate over a year and a half involved many dedicated staffers and many late nights. I would like to specifically acknowledge Connie Garner and Alice Lam of Senator KENNEDY's staff; Melissa Bartlett, Randy Pate, Ryan Long, and Katherine Martin of Chairman BARTON's staff; and John Ford, William Garner, and Jessica McNiece of Congressman DINGELL's staff for their diligence and determination as we worked together to craft this important and essential bill.

Both the Republican and Democratic leadership in the Senate were incredibly helpful in helping us reach the final compromise. I would like to thank Majority Leader FRIST and Elizabeth Hall of his staff and Minority Leader REID and Kate Leone of his staff for their efforts.

Finally, there are a number of individuals I would like to thank on my own staff for their dedication and determination to pass these critical reforms to the Ryan White CARE Act. First and foremost, I would like to commend Shana Christrup for her leadership, tireless efforts, determination, and unlimited patience. Without her knowledge of the policy and the process, this lifesaving legislation would not have been possible. I would also like to thank Katherine McGuire, my staff director on the HELP Committee. She keeps the trains running on time and keeps my team motivated to search for solutions when solutions seem to be exhausted. I also want to thank Stephen Northrup, my health policy director. He does a great job managing the health issues before the committee. I should also make special mention and thank Aaron Bishop for his expertise and incredible outreach with the stakeholders. He sat through countless listening sessions with stakeholders and staff to ensure their thoughts and concerns were incorporated in the legislation. Thank you also to Michelle Dirst, Brittany Moore, Keith Flanagan, Kori Forster, Todd Spangler, Amy Shank, Ilyse Schuman, Greg Dean, Lesley Stewart, and Megan O'Neil. All these Team Enzi members were instrumental in shepherding this legislation through the process.

In addition, I want to thank chief of staff and anchorman, Flip McConnaughey, for his steady hand and helping us to stay the course.

I urge the House to pass this final compromise this week to ensure justice and equitable treatment under the law for all Americans who struggle with the medical and financial burdens of HIV and AIDS.

Mr. ENSIGN. I ask unanimous consent the Enzi-Kennedy substitute at the desk be agreed to, the bill as amended be read a third time and passed, and any statements relating to the measure be printed in the RECORD.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The amendment (No. 5212) was agreed to.

The amendment was ordered to be engrossed for a third reading and the bill to be read a third time.

The bill (H.R. 6143), as amended, was read the third time and passed.

ACCEPTING AND DISPLAYING A BUST OF SOJOURNER TRUTH

Mr. ENSIGN. I ask unanimous consent the Rules Committee be discharged from further consideration of H.R. 4510, and that the Senate then proceed to its consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 4510) to direct the Joint Committee on the Library to accept the donation of a bust depicting Sojourner Truth and to display the bust in a suitable location in the rotunda of the Capitol.

There being no objection, the Senate proceeded to consider the bill.

Mr. ENSIGN. I ask unanimous consent the bill be read a third time, passed, the motion to reconsider be laid on the table, and any statements be printed in the RECORD without intervening action or debate.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The bill (H.R. 4510) was ordered to a third reading, was read the third time, and passed.

MEASURE PLACED ON CALENDAR—S. 4080

Mr. ENSIGN. I understand that there is a bill at the desk that is due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 4080) to amend title 17, United States Code, with respect to settlement agreements reached with respect to litigation involving certain secondary transmissions of superstations and network stations.

Mr. ENSIGN. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceeding.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

Mr. ENSIGN. I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

IMPROVING AMERICA'S EDUCATION SYSTEM

Mr. FRIST. Mr. President, for 12 years, I have served the people of Tennessee as a U.S. Senator. Before I joined this body, I spent 20 years practicing medicine—as a transplant surgeon.

But I spent even more time—nearly 30 years—getting the education necessary for me to pursue a career at the cutting edge of transplant surgery.

Without that education, I couldn't have pursued my dream of helping people.

The fact is, education is an essential cornerstone in our society. Not just in the United States but around the world—across the global society.

Not only does a sound education increase the global competitiveness of America's workforce, but it also enables each and every worker to pursue the American dream, in his or her own way.

Here in America, we have a rich history of working hard. We set goals. We visualize dreams. And then we doggedly pursue them, with stubborn perseverance.

But as hard as we work, unless we possess the tools and the knowledge and the "know how," we are not optimizing our resources. That means it is our best interest to pursue the best education possible. It is in our best interest to strengthen our education system so we can better equip future generations.

That is why I have supported a number of measures that enhance America's education system.

Take the President's No Child Left Behind Act, which I proudly cosponsored. It set high standards for schools around the country. It is a comprehensive overhaul of the Federal Elementary and Secondary Education Act based on 4 pillars: accountability and testing, flexibility and local control, funding for what works, and expanded parental options.

We laid the groundwork for No Child Left Behind with ED-Flex, to give States more flexibility in how they use Federal education dollars.

More recently, we passed the first-ever comprehensive reform and improvement of the Individuals with Disabilities Education Act.

We crafted this strongly bipartisan legislation with input from parents, educators, and disability groups—with the primary goal of ensuring disabled students are achieving.

Streamlining regulations, simplifying and improving the integrity of the conflict resolution process, reducing the paperwork burden for special education teachers, improving existing discipline provisions while still ensuring disabled children's rights are protected—with every provision, we helped principals, teachers, and parents better address the needs of disabled students.

Enhancing and strengthening our Nation's education system must occur at every level—primary, secondary, and beyond, in colleges and universities.

My SMART grant legislation took education reform to the university level, and without a doubt, among the education improvements I have supported over the years, SMART grants hold pride of place in my heart.

SMART grants are a new student aid initiative that provide incentives for promoting math and science education and consequently represent a dramatic step toward ensuring America's future global economic competitiveness.

Let me put it in perspective: China and India generate scientists and engineers at a furious pace while America lags dangerously behind.

We haven't reached the crisis point yet. We still have the best research universities in the world. We take home the lion's share of Nobel prizes in the sciences. We lead the planet in most high-tech fields. And we produce more top scientists and engineers per capita than any country with an economy even close to our size.

But for every one engineer we graduate in America, China graduates eight and India graduates four.

SMART grants help America maintain our competitive edge by providing aid to Pell grant-eligible students who maintain a 3.0 GPA and major in math, science, engineering, technology, or foreign languages critical to national security during their third and fourth years of college.

These funds help incentivize more students to major in these time-intensive studies and they help America produce the quality workforce necessary to compete in today's global economy.

But there is still more Congress can do to strengthen our education system and further enhance our America's competitiveness.

Right now, we stand at a crossroads. Unless we continue moving to improve our education system at all levels, we could very well face economic stagnation and a loss of global scientific leadership.

We can't afford to let that happen.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business until the hour of 11:30 with Senators permitted to speak therein for up to 10 minutes each.

Mr. REED. Mr. President, I ask unanimous consent at the conclusion of my remarks the Senator from New Mexico, Senator BINGAMAN, be recognized.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HONORING SENATORIAL SERVICE

Mr. REED. Mr. President, this is an opportunity to recognize the service of several of our colleagues who are departing from the Senate. To Senator JEFFORDS, Senator FRIST, Senator DEWINE, Senator TALENT, Senator